

**SEARCH REQUEST  
ONEIDA COUNTY MAINTENANCE PROGRAM**

Name of Requester: \_\_\_\_\_

Address of Requester: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

ONEIDA COUNTY  
PLANNING & ZONING  
PO BOX 400  
RHINELANDER WI 54501-0400  
715/369-6130  
Fax: 715/369-6268  
Email: zoning@co.oneida.wi.us  
www.oneida.wi.gov

Legal Description:

Gov't Lot \_\_\_\_\_ or \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Section \_\_\_\_\_ Town \_\_\_\_\_ Range \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Town of \_\_\_\_\_

Site Address: \_\_\_\_\_

Current Property Owner:

Name(s): \_\_\_\_\_

Alternate Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Has current owner received card previously?    **Y**       **N**

Permit Number on Mailing Label of Card: \_\_\_\_\_

Names of Previous Owner(s)

Name(s) \_\_\_\_\_

Approximate duration of ownership \_\_\_\_\_ to \_\_\_\_\_

Name(s) \_\_\_\_\_

Approximate duration of ownership \_\_\_\_\_ to \_\_\_\_\_

Name(s) \_\_\_\_\_

Approximate duration of ownership \_\_\_\_\_ to \_\_\_\_\_

**FOR OFFICE USE ONLY**

PARCEL ID #: \_\_\_\_\_ PROPERTY IN MAINTENANCE PROGRAM    **Y**       **N**

SANITARY PERMIT # \_\_\_\_\_

OWNERS NAME AT INSTALLATION: \_\_\_\_\_